

# TUBERCULOSIS DRUG RECORD/DIRECTLY OBSERVED THERAPY (DOT)

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE(HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_

[illegible]

**DATE:** \_\_\_\_\_ **MED/DOSAGE VERIFIED BY:** \_\_\_\_\_

[illegible]

**TB-1-16 DOT/**

**Date Reviewed/Case Manager**  
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